

ALL DAY CAMPS AND YAPs REGISTRATION

City of Gaithersburg
Resident Registration Procedures
Wednesday, Jan. 19

Nonresident
Registration Procedures
Wednesday, Feb. 16

NOTE: Registrations cannot be accepted without payment.

All Day Camp payments

Payment: You may reserve your child's place at Camp by paying a \$75 non-refundable deposit. The remainder of the fee is due no later than April 29, 2005.

Waiting List

Please make sure that the registration form has the 1st, 2nd and 3rd choices for the YAPs or All Day Camp programs. If the first Camp choice is filled the camper will be placed on the waiting list for that Camp and placed in second Camp choice if there is space. If all three Camp choices are filled, parents/guardian of the registrant will receive a telephone call.

REFUND POLICIES-

Refund requests must be made in writing at least two weeks prior to the start of the program. For a complete listing of the City's refund policy please contact Betty Woods at 301-258-6350.

ALL DAY CAMP

There is a non-refundable registration fee of \$75 per child for the all day Camp program.

YAPs

There is a non-refundable registration fee of \$50 per child for the Youth Activity program.

THE BEST WAYS TO REGISTER

1. INTERNET:

Use the **RecXpress System** to register by internet, 24 hours a day, seven days per week beginning the first day of registration.

www.gaithersburgmd.gov/recxpress



You must have a family password and personal ID number to use these registration methods. Call 301-258-6350 x 444 to request a password or e-mail parksrec@gaithersburgmd.gov a minimum of FIVE business days prior to the start of registration.

OTHER METHODS OF REGISTRATION

2. FAX:

Available 24 hrs. a day!
301-948-8364

Payment by Visa or
Mastercard.

3. MAIL TO:

City of Gaithersburg
506 S. Frederick Ave.
Gaithersburg MD 20877
Payment by check (payable to
CITY of GAITHERSBURG), Visa
or Mastercard.

4. WALK-IN OR DROP OFF:

Parks, Recreation & Culture Office
Activity Center at Bohrer Park,
506 S. Frederick Ave.
Payment by cash, check, Visa or MC.

Additional Registration Information

City Residents

To qualify for the City Resident rate, **the camper must reside within the corporate City limits of Gaithersburg***. City residents are those individuals residing within the City's corporate tax limits. Do not assume that a Gaithersburg mailing address is within the City's corporate tax limits.

Falsifying Registration Information

Falsifying registration information by either claiming City residency or falsifying the age of the camper will result in the denial of the registration.

Each camp is designed for campers of a particular age group. Participation in most programs is based on age as of **Sept. 30, 2005**.

To register online please request your family password in advance.

CAMP, YAPs, FUNZONE and GAITHERSBURG ON THE GO REGISTRATION FORM

☐ Check here if new address/phone since last time registered.

Payer's Last Name _____ Payer's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Campers Name _____ Birthdate ____/____/____

Grade Fall 2005 _____ School Fall 2005 _____

1st Choice _____	Activity # _____	Fee \$ _____
2nd Choice _____	Activity # _____	Fee \$ _____
3rd Choice _____	Activity # _____	Fee \$ _____
Gaithersburg on the Go I (ages 6 -10): Yes <input type="checkbox"/> No <input type="checkbox"/>	Activity # 15273	Fee \$ _____
Gaithersburg on the Goll (ages 11-13): Yes <input type="checkbox"/> No <input type="checkbox"/>	Activity # 15274	Fee \$ _____
		TOTAL \$ _____

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name _____

Signature of Parent/Guardian _____

Please list other children in your family registered in the **All Day Camp Program**:

Name (s) _____ Grade _____ Camp _____

Name (s) _____ Grade _____ Camp _____

COMMENT BOX:

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC# _____ Exp.Date ____/____

Signature (name on card) _____

Print Name _____

OFFICE USE ONLY:

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____